

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWNIX. INDIAN LAND

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)	

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE <i>(type or print)</i>	B. SIGNATURE	C. DATE SIGNED
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COMMENTS FOR OFFICIAL USE ONLY	
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